

## Bureau of Health Care Quality and Compliance

PRINTED: 02/08/2010  
FORM APPROVE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1214SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VEGAS VALLEY REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2945 CASA VEGAS STREET LAS VEGAS, NV 89109</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on December 22, 2009 and finalized on December 23, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00023372 was unsubstantiated. Complaint #NV00023484 was substantiated with a deficiency cited. (See Tag Z230) Complaint #NV00023650 was substantiated with deficiencies cited (See Tags Z113, Z230, and Z408). Complaint #NV00023702 was substantiated with no deficiencies cited.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z113 SS=D	<p>NAC 449.74439 Comprehensive Plan of Care</p> <p>4. Services provided to a patient in a facility for</p>	Z113		

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Deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

BUREAU OF LICENSURE AND CERTIFICATION  
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TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

DATE FORM \_\_\_\_\_ 6899 UD0V11

If continuation sheet 1

Health Care Quality and Compliance					
DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  12/23/2009
NAME OF PROVIDER OR SUPPLIER  VEGAS VALLEY REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
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Z113	Continued From page 1  skilled nursing must: a) Comply with the professional standards of quality applicable to those services; and b) Be provided by qualified persons in accordance with the patient's plan of care.  This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed provide evidence of consistent eating assistance in accordance with the care plan and physician order for 1 of 11 residents (Resident #8).  Complaint #NV00023650  Severity: 2 Scope: 1	Z113	<b>Plan of correction</b>  Resident # 8 is no longer a resident of this facility 100% audit of all residents in the facility to determine which residents require assistance with eating. Formation of a Restorative dining program which may include residents who require assistance with eating. All physician orders for 1:1 eating assistance will be recorded on that resident's MAR and documented by the medication nurse. Education to all nursing staff on the eating assistance program. Random audits of the eating assistance documentation		<b>PERSON RESPONSIBLE</b>  Director of Nursing Restorative Coordinator  3/1/10
Z230 SS=D	NAC 449.74469 Standards of Care  A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.  This Regulation is not met as evidenced by: Complaint #NV00023650  Based on observation, interview and record review, the facility failed to follow the physician's dietary orders and failed to provide and/or document physician ordered feeding assistance for 1 of 11 residents (Resident #8) as follows:  1. On 12/23/09, staff failed to provide a bacon	Z230			

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Z230	<p>Continued From page 2</p> <p>substitute for Resident #8 who was ordered a mechanical soft diet; staff provided 2% milk to Resident #8 who was ordered a lactose free diet; staff provided a lunch tray to Resident #8 without a main entree or a substitute; staff failed to provide physician ordered feeding assistance to Resident #8 at breakfast; and staff failed to have documented evidence that physician ordered feeding assistance was provided to Resident #8 from 12/3/09 to 12/23/09.</p> <p>Complaint #NV00023484</p> <p>Based on interview and record review, the facility failed to have documented evidence that nursing staff conducted follow up assessments following a respiratory treatment for a low oxygen saturation level in accordance with facility policy and procedure for 1 of 11 residents (Resident #11)</p> <p>Severity: 2 Scope: 1</p>	Z230	<p>Resident # 8 is no longer in the facility.</p> <p>100 % audit of all residents diets to ensure that tray tickets and meals provided match</p> <p>Every food item has a substitute that matches a specific prescribed diet</p> <p>Re- education of dietary and nursing staff on Dietary policies and procedures for substitutions and providing appropriate ordered diets</p> <p>Random audits of trays to ensure food provided matches the diet as ordered</p>	<p>Director of Nursing</p> <p>Food service Supervisor</p> <p>RD</p>	3/1/10
Z408 SS=D	<p>NAC 449.74525 Dietary Services</p> <p>4. A facility shall provide to each patient in the facility:</p> <p>(a) Food that is prepared to conserve the nutritional value and flavor of the food.</p> <p>(b) Food that is nourishing, palatable, attractive and served at the proper temperature.</p> <p>(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.</p> <p>(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional value.</p> <p>This Regulation is not met as evidenced by:</p>	Z408	<p>Resident # 11 is no longer in the facility</p> <p>100 % audit to determine which residents are currently receiving S.V.N. treatments.</p> <p>Modified a MAR to include a documentation area for the pre and post respiratory assessments</p> <p>Re-educate nursing on policy and procedures for respiratory</p>	<p>Director of Nursing</p>	3/1/10

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(X4) ID PREFIX TAG  <b>Z408</b>		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG  <b>Z408</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VEGAS VALLEY REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2945 CASA VEGAS STREET LAS VEGAS, NV 89109</b>			
PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
Continued From page 3  Based on observation, interview and record review, the facility failed to provide substitutes of similar nutritional value and a well-balanced diet that met the daily nutritional needs for 1 of 11 residents (Resident #8) as follows:  On 12/23/09, staff failed to provide a bacon substitute for Resident #8 who was ordered a mechanical soft diet; staff provided 2% milk to Resident #8 who was ordered a lactose free diet on 12/21/09; and staff provided a lunch tray to Resident #8 without a main entree or a substitute.  Complaint #NV00023650  Severity: 2 Scope: 1		Resident # 8 is no longer in the facility Every food item on the menu has a substitute that matches a prescribed diet. Each tray is checked for accuracy and completeness by three dietary staff before it leaves the kitchen Re-education to dietary staff on substitution P&P Random audits of trays before delivery  Resident # 8 is no longer in the facility.  Milk is provided in a separate cooler that is delivered with the trays. CNA's are responsible to provide milk as directed on each meal ticket Re-education of nursing staff on P&P Random audits at meal time that nsg staff are following P&P  Resident # 8 is no longer in the facility. 100% audit will be done to ensure that trays include mandated foods in proper amounts. Menus are given to residents daily to allow them to choose the food they prefer. If an alert and oriented resident chooses not to have a main entrée for a meal this will be documented per policy and the Registered Dietitian will be notified to see this patient If a menu is received with no entrée selected and no substitution is requested the primary entrée for that meal will be provided. Random audits will be performed		Food Service Director RD          Director of Nursing , Dietary Dept.          Food Service Supervisor, RD          <b>RECEIVED</b> <b>MAR 01 2010</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	
3/1/10		3110		3/1/10	

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